



Complaints & Feedback Form

Do you require language and interpreting services to complete this form? Please find information and connection to support here <https://www.ndis.gov.au/providers/working-provider/connecting-participants/language-interpreting-services-providers>

NDIS participants and providers can access immediate phone interpreting services by calling TIS National's operator assisted service on 131 450 (within Australia). This service is available 24 hours a day, seven days a week, however not all languages are available during this time period.

Fill in the details of the person who is making the complaint/ providing feedback.

Name of Person	
Address	
Phone	
Email	
My preferred contact method is	

If you are making the complaint/feedback on behalf of another person provide the following details.

Your Name:	
What is your relationship to the person?	
Does the person know you are making this complaint/providing feedback?	
Does the person consent to the complaint/feedback being made?	



Who is the person, or the service about whom you are complaining or providing feedback about?

Name

Contact Details (if known)

What is your Complaint/Feedback about?

Provide some details to help us understand your concerns. You should include what happened, where it happened, time it happened and who was involved.

Supporting Information

Please attach copies of any documentation that may help us to investigate your complaint/feedback (for example letters, references, emails).



What outcomes are you seeking as a result of the complaint/feedback?

Thank you for your feedback and contributing to our commitment to continual improvements. Once this form is completed please either email it to hello@alohacare.com.au or post it to PO Box 1005, Gilles Plains SA 5086. Once received, a member from our team will be in touch with you to follow up.

0416 187 523
hello@alohacare.com.au
<https://www.alohacare.com.au>



OFFICE USE ONLY

Complaint received by	
Date received	
Action taken or required	
Date action completed	
Signature	



0416 187 523

hello@alohacare.com.au

<https://www.alohacare.com.au>



Date of authorisation	Staff responsible	Review date
17/02/2023	Marissa Owen	